

Mentoring/Protégé Meeting Confirmation

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Please check all that apply.

- ☐ Yes, I plan to attend the Advisors' Session on Sunday, October 29
- ☐ Yes, I plan to attend the Mentoring Session on Monday, October 30
- ☐ No, I regret I will not be able to attend.

Send this completed from no later than October 19th to

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